

Application for Certified Copy of Death Certificate

Requestor's Name: _____

Completed application

Required ID

(see below or visit our website for additional options)

Payment

 Tangible interest documents
(if applicable)

Requestor Information

Information about the person requesting the death certificate – please print.

Print name of person making request:			Daytime Phone:		
Mailing Address:		City	State	Zip	
Your relationship to person named on certificate (Proof needed if your name is not listed on certificate):					
<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Legal Representative <input type="checkbox"/> Government Agency <input type="checkbox"/> Genealogist					
<input type="checkbox"/> Ex-Spouse (direct and tangible interest required) <input type="checkbox"/> Other _____					

Decedent Information

Information about the person whose death certificate is being requested – please print.

Full Name of Deceased	First		Middle		Last	
Date of Death / Age	Month	Day	Year	Age at Death	Place of Birth	State or Foreign Country
Place of Death	City			County	State	Colorado ONLY
Reason for Request	<input type="checkbox"/> Social Security <input type="checkbox"/> Records <input type="checkbox"/> Benefits <input type="checkbox"/> Closing Accounts <input type="checkbox"/> Personal <input type="checkbox"/> Other: _____					

Pursuant to Colorado Revised Statutes, 1982, 25-2-118 and as defined by Colorado Board of Health Rules and Regulations, applicant must have a **direct and tangible** interest in the record requested. The penalties for obtaining a record under false pretenses include a fine of not more than \$1,000.00 or imprisonment in the county jail for not more than one year or both such fine and imprisonment (CRS 25-2-118)

By signing in this box, I have read and understood that there are penalties for obtaining a record under false pretenses.

Today's Date

X

Parents, Spouse and Informants will only require Primary ID IF listed on Death Certificate

Primary ID Listing (at least one) or visit our website for additional ID options

- | | |
|--|---|
| <ul style="list-style-type: none"> • Alien Registration Receipt or Permanent Resident Card (INS I-151 or I-551) • Certificate of US Citizenship (N-560-561) • City of Denver/Denver County Jail Temporary Inmate ID • CO Department of Corrections ID Card • CO Temporary Driver's License / State ID • Department of Human Services Youth Corrections ID • Employment Authorization Card (I-766) • Foreign Passport • Government Work ID | <ul style="list-style-type: none"> • Job Corps ID Card • Photo Driver License • Photo ID card (DMV) • School, University, or College ID Card (current school year) • Temporary Resident Card (I-688, I-688A, or I-688B) • US B1/B2 Visa Card PLUS I-94 • US Certificate of Naturalization N-550/570 • US Citizenship ID Card (I-197) • US Military Identification Card • US Passport |
|--|---|

*** For payment by email, fax, or mail, enter card information below or make checks/money orders payable to Douglas County Health Department***

 Card Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX

Cardholder name: _____

Cardholder Signature: _____

Card Number: _____

Expiration Date: ____/____/____ CVV: ____

Type of Certificate

Quantity

- | | |
|--|-------|
| ➤ VA (first copy free) | _____ |
| ➤ Long Legal (entire record) | _____ |
| ➤ Short Legal (no medical information) | _____ |
| ➤ Verification of Death (limited legal information and no medical information) | _____ |

Total Payment Amount

Cost of first certificate	\$ <u>20.00</u>
Additional certificate(s) \$13.00 (Of same record ordered at same time)	\$ _____
USPS \$20.00 - 2 business day delivery (Optional)	\$ _____
Total Cost	\$ _____